U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civit penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAR	
/ /- V _CO \	EFULLY BEFORE PREPARING THIS REPORT.
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1. File Number U - /2 846	2. Fiscal Year Covered From:
1. File Number 0 - 1/2 / 248	
	Through: 12/31/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Eugene C Rome, Jr.	Name I.U.P.A:T. Local Union 676
·	Labor Organization File Number 606-685
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 3157
Approximate and the second	
Street 2306 Glenn Street	Street
City Bettendorf	City Davenport
State IA ZIP Code + 4 52722 -	
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Enter appropriate data below if, during the past fiscal year, you of you (except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	th, or derived income or other economic benefit of
Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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Name [
Name Trade Name, if any:	
Trade Name, if any:	
	7.b. Amount.
Trade Name, if any:	7.b. Amount.
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P.O. Box, Bldg., Room No., If any Street City	7.b. Amount.
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena	Signature alty of Perjury and other applicable penalties of the law, that all of the information
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena	Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
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Eugene C. Rome, Jr File Number U-Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is Interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: Trust P.O. Box, Bldg., Room No., if any c, Employer Street City State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name III in 0 is State Painters welfare Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Surte 200 Street 1000 Burr Ridge Par Kway 11.b. Approximate dollar value of such dealing. Burr Ridge 12.a. Nature of interest held or income received C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14,a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, If any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. 13.b. is the Business an Employer or Consultant

Name of Person Filing Eugene C. Rome	Jr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuabstantial part of which consists of buying from, selling or lessing to, or other of an employer whose employees your labor organization represents or is actionable of which consists of buying from or selling or leasing directly or lookealing with your labor organization or with a trust in which your labor organization.	tue from a business (1) a wise dealing with the busine vely seeking to represent, or directly to, or otherwise	186
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Street 1000 Burr Ridge Parkway	11.b. Approximate dollar v	alue of such dealing.
Chy Burr Ridge	12 a Nature of interest h	neld or Income received.
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Name of Person Filing Eugene C. Rome, 3	Sr-	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or includedling with your labor organization or with a trust in which your labor organization.	re from a business (1) a rise dealing with the busines ely seeking to represent, or rectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name OBA Midwest, Ltd. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 1000 Burr Ridge Parkway City Burr Ridge State IL ZIP Code + 4 60527-0878	a. Labor Organiza b. Trust c. Employer	ation
10, if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	
Name Illivois State Painters Welfare Find	Administrat	or of the Trust Fund,
Trade Name, if any:	IlliNois ST	ate Painters welfare
P.O. Box, Bldg., Room No., if any Soite 200	Fund.	
Street 1000 Burr Ridge Parkway	11.b. Approximate dollar va	tue of such dealing.
City Bury Ridge	12.a. Nature of interest he	eld or Income received.
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Name of Person Filling Eugene C. Kome,	Tr. File Number U-
B. Held an interest in or derived income or economic banefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business (Ively seeking to represent, or adirectly to, or otherwise
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City Burr Ridge	12.a. Nature of interest held or income received.
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Name of Person Filing Eugene C. Kome,	びと、	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	lue from a business (1) a wise dealing with the busines vely seeking to represent, or firectly to, or otherwise	s
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B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busine lvely seeking to represent, or directly to, or otherwise	88
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City Burr Ridge	12.a. Nature of interest h	
State IL ZIP Code + 460 527-084	Reimbursems attending Ti	out af Expenses incurred "ustee meeting 9/9/04-9/10/04" \$127.75
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Name of Person Filling Lugene C. Kome,	Jr. File Number u-	
B. Held an interest in or derived income or economic banefit with monetary values aubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seaking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, If any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
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State ZIP Code + 4		
10, if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Illinois STate Painters Welfare Funi		
Trade Name, if any:		
P.O. Box, Bldg., Rocm No., If any		
Street 1000 Burr Ridge Parliway	11.b. Approximate dollar value of such dealing.	
State TL ZIP Code + 460 S27.084	12.a. Nature of interest held or income received Filiarois State Painters w Paid The Hyatt Regency For The Hotel Room of Eugene C. Rome For T 9-8-04 and 9-9-04.	Hotel (chicago) Trustee
	12.p. Amount.	4468-00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
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Trade Name, if any:		
P.O. Box, Bidg., Room No., If any		
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City		
State ZiP Code + 4	li	\$
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling Eugene C. Rome, 3	5r.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	e from a business (1) a ise dealing with the business by seeking to represent, or rectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name OBA Midwest, Ltd. Trade Name, if any: P.O. Box, Bidg., Room No., if any Suit-p 200 Street 1000 Burr Ridge. Parkway City Burr Ridge State IL ZIP Code + 4 60527-0843	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name **ININDIS STATE Painters we flare fund** Trade Name, if any: P.O. Box, Bldg., Room No., If any **Suite 200	Administrat	ing. st, Ltd. is the tor of the Trust Fund, ate Painters welfare
Street Burr Ridge Parkway City Burr Ridge State II ZIF Code + 60521-0845	9-8-04 For and Plan Pr Dinner	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.	# 220:00
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant 7	14.0. Amount of payment.	

Name of Person Filling Eugene C. Rome,	Jr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ectively any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a frust in which your labor organization.	wise dealing with the busines vely seeking to represent, or Ilrectly to, or otherwise	3
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, If any:	a, Labor Organiza	ation
P.O. Box, Bidg., Room No., if any	c. Employer	•
City		
State ZIP Code + 4		
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name Ellinais STATE Paratiers Welfare Fund		
P.O. Box, Bldg., Room No., If any Softe 200		
Street 1000 Burr Ridge Farlsway	11.b. Approximate dollar val	ue of such dealing.
State IL ZIP Code + 460 527.084	paid Registrad Deposit on 10	e Painters Welfore Fund tion Fee and Hotel Room 1-18-04 To International 4 Employee Benofit Plans Trustee, Eugene C. Rome uce in Hono Iolu on
	12.b. Amount.	51,310-00
C. Received from any employer (other than an employer covered undo or from any labor relations consultent to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., If any		
Between the major colored extremely minimized research as a series of the major of the major of the major of the colored extremely of the colored		
City ZIP Code + 4 ZiP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling Eugene C. Kome,	Jr.	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	lue from a business (1) a wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State I ZIF Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. It 9.b. or 9.c. is checked give trust or employer's name. Name Illinois State: Pantiers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., If any Suite 200	11.a. Nature of auch dealing.	
Street 1000 Burr Ridge, Parisway City Burr Ridge State IL ZIP Code + 460 527.084	11.b. Approximate dollar vake of such dealing. 12.a. Nature of interest held or income received. Reimbursement of expenational attending 7 rustee meet mileage \$131.25 Parking \$35.00 meais \$20.03 Taxis \$35.00	ises incurred ing 12-10-04.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money		\$200,00
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name (14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment,	The second secon

Name of Person Filing Lugene C. Rome,	Jr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busine ively seeking to represent, or directly to, or otherwise	68
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a, Labor Organia	ration
Trade Name, If any:	b. Trust	etus i
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10, if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	alling.
Name Illinois State Paratters Welfare Fund		
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any Soite 200		•
Street 1000 Burr Ridge Parkway	11.b. Approximate dollar va	lue of such dealing.
City Control of the C		
State II ZIP Code + 460 527.084	Paid The she The Hotel	Te Paintons welfare fund ration Hetel (chicago) for Room of Trustee, Rome For The Night
1	Filinois Sta Paid The She The Hotel Eugene C.	Te Paintons welfare fund ration Hetel (chicago) for Room of Trustee, Rome For The Night
	Filinois Sta Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
State TZ ZIP Code + 460 227-084	Filinois Sta Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any).	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any). Name	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, If any:	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Roorn No., if any Street City	FILINO:5 STA Paid The She The Hotel Eugene C. Of 12-9-0 12.b. Amount. er parts A and B above) or other thing of value.	Te Painters welfare fund ration Hetel(chicago) for Room of Trustee, Rome For The Night 4.

Name of Person Filing Eugene C. Rome,	Jr , File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is selling any part of which consists of buying from an selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or ilrectly to, or otherwise
8. Name and address of Business (including trade name, if any).	8. Business deals with:
Name	a. Labor Organization
Trade Name, If any:) b. Trust
P.O. Box, Bidg., Room No., if any	c, Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.
Name Illinois STATE Paritiers Welfare Fund	
Trade Name, If any:	
P.O. Box, Bidg., Room No., If any Soite 200	
Street 1000 Burn Ridge Parlsway	11.b. Approximate dollar value of such dealing.
State II. ZIP Code + 460 527-0849	12.8. Nature of Interest held or income received. Reimbursed Expenses incurred Attending IFEBP Educational Conference in New ORIGANS, LA 12-1-04-12-4-04 Airfare \$266.41 Taxis \$81.00 Hotel \$1,195.85 Telephane \$3.00 Meals = \$300.23 Porters \$1400
	12.b. Amount. 1,860-00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.e. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., If any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant 2	14 b. Amount of payment.

Name of Person Filling Eugene C. Kome,	26-	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name OBA Midwest, LTd.	a. Labor Organiza	lion
Trade Name, If any:	b. Trust	
P.O. Box, Bldg., Room No., If any Suite 200	c. Employer	
Street 1000 Burr Ridge Parkway	All the second s	
City Burn Ridge State II ZIP Code + 4 60527-0845		
State 172 ZIP Code + 4 60527-0843		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	t, Ltd. is the
Name THINDIS STATE PAINTERS WELFARE FUNd	Administrat	or of the Trust Fund.
Trade Name, If eny:	IlliNois STO	iTe Painters welfare
P.O. Box, Bidg., Room No., If any Suite 200	rona.	
Street Burr Ridge Parkway	11.b. Approximate dollar val	ue of such dealing. 116,000.00
City Burr Ridge	12.a. Nature of interest he	d or Income received
	A Same of companies of contract of the contrac	surfree or company or superior constitution of the property of the contract of
State IL ZIP Cade + 460527 - 0845	OBA midwes on 12-9-04 p Guests and Dinner Fo	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or trustee — \$ 120.00 s 95.00 r Spouse. —
	OBA midwes on 12-9-04 p Guests and Dinner Fo	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00
	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
State ZIP Code + 460537 -0849	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.6. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or Spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or spouse.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	OBA Midwes ON 12-9-04 p Guests and Dinner Fe Dinner Fe 12.b. Amount.	t, Ltd. provided dinner or the trusteep, spouses, Plan Professionals. or Trustee — \$ 120.00 or spouse.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004. I will file an amended form LM-30.

Eugene C. Rome, fr-